

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEES

Rev. 5/98
GJA 23

IN UNITED STATES

MAGISTRATE X DISTRICT

 APPEALS COURT or OTHER PANEL (Specify below)

IN THE CASE OF

USA

V.S.

JUSTIN TEAL

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)

JUSTIN TEAL

CHARGE/OFFENSE (describe if applicable & check box →)
21 USC 841 Felony Misdemeanor

- 1 Defendant—Adult
 2 Defendant - Juvenile
 3 Appellant
 4 Probation Violator
 5 Parole Violator
 6 Habeas Petitioner
 7 2255 Petitioner
 8 Material Witness
 9 Other

DOCKET NUMBERS

Magistrate

Boulder

District Court
04-10112-RGS

Court of Appeals

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOYMENT	Are you now employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Am Self-Employed			
	Name and address of employer: <u>STAFFING RESOLUTIONS</u> (For one month)			
	IF YES , how much do you earn per month? \$ <u>1,000</u>	IF NO , give month and year of last employment		
		How much did you earn per month? \$ _____		
ASSETS	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	IF YES , how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____		
OTHER INCOME	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES	RECEIVED \$ _____	SOURCES _____	
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____			
	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT	VALUE _____	DESCRIPTION _____	
OBLIGATIONS & DEBTS	List persons you actually support and your relationship to them			
	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR <input type="checkbox"/> DIVORCED	Total No. of Dependents _____	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: <u>house contribution \$430</u> <u>clothing + personal items 50</u>	Creditors _____ Total Debt \$ _____ Monthly Paymt. \$ _____	\$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

X 4-15-04

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

X Justin Teal